

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <u>2042</u>	2. Fiscal Year Covered From: <u>12 / 1 / 04</u> Through: <u>12 / 31 / 04</u>
3. Name and address of person filing. Name <u>David R Jackson</u> P.O. Box, Bldg., Room No., if any Street <u>186 Potrero Ave.</u> City <u>San Francisco</u> State <u>California</u> ZIP Code + 4 <u>94103</u>	4. Name, file number, and address of labor organization. Name <u>Bricklayers & Allied Craftworkers</u> Labor Organization File Number <u>531787</u> <u>local 3 CA</u> P.O. Box, Building and Room Number, if any <u>Room 103</u> Street <u>8400 Enterprise Way</u> City <u>Oakland</u> State <u>California</u> ZIP Code + 4 <u>94621</u>
5. Position in labor organization. <u>Vice Chairman / Field Representative</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

David R Jackson

On

8-13-05

Date

415-487-8510

Telephone Number

Name of Person Filing

David R. Jackson

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Allied Administrators

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 633 Battery St.City San FranciscoState CaliforniaZIP Code + 4 94111

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Brick 7 Pension Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 633 Battery St.City San FranciscoState CaliforniaZIP Code + 4 94111

11.a. Nature of such dealing.

Trust meeting meals 3/16/04, 6/10/04, 9/7/04, 12/15/04

11.b. Approximate dollar value of such dealing.

\$ 91.35

12.a. Nature of interest held or income received.

International Foundation EBP Conference expenses 12/1/04 - 12/5/04
Trust meeting parking expenses, 3/16/04, 6/10/04, 9/7/04, 12/15/04

12.b. Amount.

\$ 1540.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Allied Administrators

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 633 Battery St.City San FranciscoState CaliforniaZIP Code + 4 94111

14.a. Nature of payment.

Brick 7 Pension Holiday Dinner13.b. Is the Business an Employer ☐or Consultant ☒

?

14.b. Amount of payment.

\$ 133.52

2004 Attachment to Form LM-30

LM-30 Part ----->

A
B
C

Name of Person Filing David R. Jackson
Brick 7 Pension Trust

X

Month	Date	Event	Expense Reimbursement	Meal	Lodging	Travel	Incidentals	TOTAL
January								
February								
March								
April								
May								
June								
July								
August								
September								
October								
November								
December	12-1-04	International Foundation EBP	\$ 1,500	588.19	979.28	408.31	85-	\$2,061.76
	through	Educational Conference						
	12-5-04	New Orleans, LA						
Totals								

David R. Jackson

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Alfred Administration
Trade Name, if any:
P.O. Box, Bldg., Room No., if any:
Street 633 Battery St.
City San Francisco
State California ZIP Code + 4 94111

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Brick 3 Health & Welfare Trust
Trade Name, if any:
P.O. Box, Bldg., Room No., if any:
Street 633 Battery St.
City San Francisco
State California ZIP Code + 4 94111

11.a. Nature of such dealing.

Trust meeting meals
3/9/04, 3/12/04, 8/18/04
11/16/04

11.b. Approximate dollar value of such dealing.

\$163.25

12.a. Nature of interest held or income received.

Trust meeting Parking Expenses
3/9/04 8/18/04

12.b. Amount.

\$22

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

3.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name
Trade Name, if any:
P.O. Box, Bldg., Room No., if any:
Street
City
State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing

David R. Jackson

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Allied Administrators

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 633 Battery St.City San FranciscoState CAZIP Code + 4 94111

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name BAC local 3 Apprentice Training Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 633 Battery St.City San FranciscoState CAZIP Code + 4 94111

11.a. Nature of such dealing

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Western States Brick & Tile
Contest Expense Reimbursement

12.b. Amount.

\$ 929.50

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.

2004 Attachment to Form LM-30

Name of Person Filing David R. Jackson
BAC local 3 Apprentice Training Trust

LM-30 Part ----->

A
B
C

X

Month	Date	Event	Expense Reimbursement	Meal	Lodging	Travel	Incidentals	TOTAL
January								
February								
March								
April								
May	5-7-04 through 5-9-04	Western States Brick + Tile Contest Seattle, Washington	\$929.50	105.17	506.32	317.21		\$929.50
June								
July								
August								
September								
October								
November								
December								
Totals								